



PATENT ATTORNEY DOCKET NO. 03848-00050

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	application of:)				
	Ying Chih Chang, Curtis W. Frank, and Glenn Mc Gall) Examiner: M. G. Baker, Ph.D.				
Serial	No.: 09/652,962) Art Unit: 1639				
Filed:	August 31, 2000))				
Title:	Fitle: MACROMOLECULAR ARRAYS ON) POLYMERIC BRUSHES AND METHODS) FOR PREPARING THE SAME)					
P.O. Bo	ssioner for Patents ox 1450 dria, VA 22313-1450					
	TRANSMITTAL LET	TER				
Sir:						
	In regard to the above identified application, we ar	re transmitting herewith the attached:				
	 Amendment and Response to Office Action; Petition for Three-Month Extension of Time; Supplemental Information Disclosure Statement; PTO Form-1449; Copies of two references with English abstracts; Declaration Under 37 C.F.R. §1.131, with Attachment A; and Return postcard. 					
	With respect to additional fees:					
	A. No additional fee is required.					
	X B. An additional fee is required and ha	as been calculated as shown below:				

CLAIMS AS A	MENDED	-				
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	7	Minus	21	0	X \$18	= \$0.00
Indep. Claims	1	Minus	3	0	X \$84	= \$0.00
			Total Addition	al Claims Fees		\$0.00
Petition/Request for Extension of Time			3 months			\$930.00
			Total Additional	al Fees for this		\$930.00

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	C.	Attached is a check in the amount of \$
<u>X</u>	D.	The Commissioner is hereby authorized to charge the total additional fee of \$930.00 to our Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.
	E.	The Commissioner is hereby authorized to charge the Petition fee of \$ to Deposit Account No. 19-0733.
		sioner is hereby authorized to charge any additional fees or credit sit Account No. 19-0733.
		Respectfully submitted,
Dated:	<u>, ۲</u>	200 7 John P. Iwanicki, Reg. No. 34,628 BANNER & WITCOFF, LTD. 28 State Street, 28th Floor Boston, MA 02109 (617) 720-9600

^{*} If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** Each multiple dependent claim should be counted as the number of claims from which it depends.